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ORIGINAL ARTICLES.

IMPROVEMENT OF BRAIN FUNCTION BY SURGICAL INTERFERENCE.*

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Only a few years ago the surgeon scarcely dared to invade the sacred domain of the brain. Emboldened by the triumph of aseptic methods in dealing with the surgery of the peritoneal cavity, it followed that the same principles might possibly triumph in the surgery of the meninges and brain. To-day accurate results are reached in both, so that sepsis is practically eliminated, and dealings with the brain surgically will depend upon intrinsic factors, rather than extrinsic ones, for the achievement of practical results. This was the *sine qua non*, without which all reports of results of operations would be indefinite and unfit to give an adequate idea of the value of a surgical procedure applied to the brain, to achieve or fail in achieving a stated result.

Taking it for granted, therefore, that asepsis has been maintained, and considering the subject purely from an intrinsic standpoint, the object of this communication is to develop in a measure the principle of improvement of brain function by a surgical operation. I insist upon this manner of expressing the problem, because that in the vast majority of instances pressure is the cause of this inter-

ference and the relief or restoration of function will depend upon our ability to diminish or entirely remove the permanent or transitory compressing cause. Physiology teaches us the delicate arrangement of nerve cells, their necessity for special function, and the intricate blood-vessel arrangement upon which they depend for proper nourishment. It is foreign to my purpose to discuss or even to state the much-debated points in the minute anatomy of the texture of the brain, but rather to apply to the brain the same hypothesis as to its pathologic reactions, as we have been led by experience to believe respecting other organs in the body.

The title of this paper, therefore, would embody the whole subject of brain therapeutics finding application through surgery. Inasmuch as the handling of this subject in a thorough manner would be far beyond my purpose on this occasion, I must limit myself to (1) general pathologic conditions as diagnosed; (2) the application to the brain of the same principles of surgical therapeutics as would have been resorted to to fulfill similar indications in other portions of the body.

Two great symptoms point to trouble about the brain—first, pain; second, interference with function. These two

* Read before the American Medical Association.

symptoms, though generally concomitant, need not necessarily accompany each other; but either one or the other or both are always present.

The true explanation is not always possible, but I would risk the statement that it could be traced to one of the four irritants that form the foundation of pathology—a chemical, physical, biologic or mechanical irritation, while interference with function is likewise referable to the same causes.

Interference with function may be due to a permanent or to a transitory cause. Each of these may, or may not be, removable. When not removable, the cause, though partly attainable, is so disseminated that it involves too extended or parenchymatous a portion of the brain, or else it exists at such vital portions of the brain structure as to forbid the approach of the knife without fatally affecting the true source of life, the origin of the pneumogastric and sympathetic nerves.

Too much importance has always been placed on what has been called the purely functional disturbances of the brain, such as would correspond to the former idiopathic diseases elsewhere, now being reduced to a strange scarcity under the light of modern pathology. We should push to its utmost the application of the same principles to the delicate neuroglia and complex network of fibres which, when unimpaired, present brain function as a harmonious whole, and when disturbed, even in so little as the faulty crossing or touching of two fibres by any cause inherited or acquired, produces the same discord in the harmonious whole, as the crossing of two telephone wires produces to the intelligent ear at the central office.

Our generation may not see such a delicate lesion as this demonstrated under the microscope, but we already see how gross lesions of the brain centres distinctly affect certain portions of the body. Less is known of the purely ideomotor centres and their disturbances by the same lesions, whether limited or disseminated. Still, proceeding upon the hypothesis that the brain tissue, whether in the anterior, middle or posterior areas, is governed by the same pathologic reactions as the rest of the body, why not, when sanctioned by a

diagnosis based upon pathology, proceed to the treatment on the same general lines? For the practical application of this principle our technic must necessarily be perfect. We must at first eliminate all failure which is due to faulty technic, and by that is meant death after operation from shock, from hemorrhage or sepsis. This is pardonable in emergency cases, such as traumatisms and tardy cases of mastoid disease where infection exists before the operation to save life is resorted to. The first requisite, therefore, is that no operator should undertake a brain operation who has not mastered the art of opening the skull, arresting hemorrhage in the scalp, in the dura, and substance of the brain, without exposing the patient to sepsis. This prerequisite may be styled by many as begging the question, but I must venture to state that this whole question can only begin to be discussed with justice when this point has been reached. While an account of the technic would lead me away from the subject, the one point upon which I will here lay special stress is *shock*.

This strange condition following traumatisms, so marked when the brain is concerned, can only be measured by the trained touch of a skilled assistant, the operator himself being forbidden, for reasons of asepsis, from feeling the patient's pulse. Better cease an operation, without having achieved what was started to do, than expose the patient to death from shock. I consider that a part of a faulty technic, pretty nearly as I would a subsequent infection of the wound. The rapid and wavering pulse is the index. Hypodermatic injections of strychnia ($\frac{1}{16}$ gr.) should be given from time to time to maintain the pulse at about 100 a minute. Hot water bottles should be constantly kept about the patient during and after the operation. On being placed back in bed the head should be put in a very dependent position, while high enemata of warm water are freely administered. These procedures reduce the possibility of fatal shock to a minimum. If, however, after the administration of $\frac{1}{4}$ to $\frac{1}{2}$ gr. of strychnia the pulse shows a tendency to rise, the operator should be warned and the operation closed.

Perhaps the most frequent indications for interference in regard to the brain are after severe traumatism resulting in concussion, or possibly contusion of the brain. We know that aside from the shock attending these cases the congestion of the brain which follows is the prime cause of the interference with function which results in unconsciousness. When these cases recover the ultimate sequelæ are dreaded, that is, epilepsy and insanity,—the former when the lateral and posterior lobes of the brain have been injured, the latter when the anterior lobe of the brain has sustained the injury.

Now, it would suffice that considerable congestion follows the injury and be maintained for a certain length of time, that diapedesis also takes place, which resulting in subsequential fibrous tissue would contract and produce epilepsy or insanity. And this would especially be the case if the patient had inherited or acquired a diathesis. The indication therefore is, should unconsciousness maintain itself over a few hours, to relieve the congestion so soon as possible, by draining the cranial cavity. Should such a contusion have occurred to the soft tissues for instance, we would immediately relieve the condition by local blood-letting, thus removing the tension of the parts.

The brain is enclosed in an unyielding fibro-serous sac, all of which is enclosed in a bony box; when the brain enlarges from traumatism, the very swelling is a compressive factor and leads to the special symptoms in the case. Hence, it is my practice under the circumstances, to proceed to removing the general compression of the brain, by making a transverse craniectomy, removing a strip of skull about one-fourth of an inch wide. The dura mater is then incised the full length of the wound except over the superior longitudinal sinus. The groove is then packed with two narrow strips of sterilized gauze, each one extending from the temporal region to the vertex; the scalp is sutured leaving the ends of the strips of gauze protruding on each side. This ensures perfect draining, without risk of hemorrhage or sepsis.

The gauze drain is left eight days *in situ*, during which time the symptoms gradually disappear. At the end of this period,

the stitches are removed and the gauze withdrawn. This, I believe to be the safest and surest way of restoring brain function with the least risk of after effects, when contusion of the brain, resulting in indefinite compression, has been diagnosed. Of course, the same procedure, modified to suit the case, is to be resorted to when extra- or intra-dural hemorrhage exists, and the clot being removed and the hemorrhage stopped, the case is then transformed into one similar to the above. During the last four years I have treated twenty-two cases after this manner with a uniformly good result.

A young man, who had only one arm, while riding a bicycle fell upon his head, and being totally unconscious, having remained so during two days, was treated as above described, and rapidly recovered consciousness after the operation. During the first days of the treatment, the dressings were constantly saturated with serum and cerebro-spinal fluid. The same uniformly good results were obtained in a number of other cases of concussion treated according to this method.

Inasmuch as acute meningitis is accompanied by intense congestion of the brain, resulting in compression, as manifested by delirium and spasmodic twitchings, I have resorted to drainage of the cranial cavity in one case, and have obtained a favorable result.

Finally, I would recommend actual local brain drainage whenever the evidences of brain compression by congestion cannot be speedily relieved by the ordinary measures of drastic purgatives, blood-letting, etc. In forms of chronic inflammation of the brain, due to specific disease, where the symptoms point to a gumma resulting in compression, the exact location of which can be ascertained,—of course an operation is indicated to remove the gumma. There are, on the other hand, many cases of brain disease directly associated with syphilis, which persistently refuse to improve under the specific treatment. They manifest themselves in mental hebetude and paresis. I have had opportunity of treating five such cases. In each, being assured of the presence of syphilis, and having ascertained that the patient had had the full benefit of mercurial treatment, I

did the anterior craniectomy, separated the adhesions which had formed between the dura and skull, opened the dura, packed and closed the wound. Two days after the operation the patient was placed on the specific treatment, and the symptoms now disappeared under its influence, which had resisted the specific treatment before.

I wish, therefore, to draw special attention to the principle in brain therapeutics, by which drugs produce an alterative effect after an operation, having proved without action before the operation. I have no scientific reason by which to explain this phenomena except the analogy which we find in the use of massage for breaking up inflammatory exudates, and resulting in a better action of iodids and other alteratives than they would exert without the massage. I believe we all have this experience in our practice in treating joints, etc., and I find that the same principle is applicable to a certain extent at least in the brain.

Another principle, so extensively applied elsewhere in the body and so little understood, is that of counter-irritation. There is no doubt that the phenomenon exists empirically, and that an inflammatory condition will be diminished and sometimes arrested by another strong irritation being excited in the neighborhood. The same principle may be applied to the brain, and especially in such cases of alteration in brain function as exist without definite causes and are still called idiopathic. Under this heading can be ranged many cases of epilepsy and insanity. It is my conviction that none are absolutely idiopathic, and that when progressive, the cause is not latent, but one which rests on already known pathologic conditions.

The mere traumatism incident to incising the scalp, trephining and irritating the dura over the region of impaired function, may at times suffice to alter by counter-irritation the original pathologic process and be followed by an improvement in the case. We have, on this principle, treated fifteen cases of epilepsy without marked focal lesion. In six cases the improvement was manifested by a marked diminution in the number of epileptic attacks. In the other cases no apparent improve-

ment in the number of attacks followed. In all cases, however, the patient gave evidence of improved mental condition, that is, clearer understanding and a better memory. In no case was the patient worse after the operation.

In four cases of insanity with a history of an injury to the anterior portion of the head, the anterior craniectomy was performed, a great many adhesions of the dura to the skull were separated, and soon afterwards the cases progressed to recovery, and are still in good condition. This treatment has also been applied to numerous cases of microcephalus and arrested development of the brain.

In cases of idiocy due to microcephalus, I have practiced three operations,—craniotomies, for the reduction of the sutures of the skull. At the first operation the coronal suture; at the second, the sagittal; and at the third, the lambdoidal suture was made. These operations were performed at three months' interval. The object is to reproduce so much as possible the same sutures which the soft bones of the child possessed at birth. The improvement following in these cases has not been uniform by any means. Some cases have shown marked improvement, both in mental and physical results. The mortality has been two per cent. At all events, no case has been made worse by the operation. It would be tedious here to relate the history of all the cases thus treated; but the direct lesson to be gathered is that these imperfectly formed brains surely took a greater amount of nourishment and improved in function after the surgical interference.

There is another class of cases that might be styled as tardy or arrested development of the brain. The children reach the age of ten years, yet are unable to talk and possess only the sum of intelligence which would belong to a child of four or five. The head seems to be of normal size. This is the class of patients which benefit most from the extensive craniectomies, and opening the dura mater. An improvement seems to begin very soon; the agitation of the limbs and shrieks which these patients would emit quiet down considerably. The function of the intellectual centers seems to improve es-

pecially. Within a month these children have learned to count, and to speak sentences until then unknown to them.

If, therefore, we have not had so flattering results as we anticipated, it may be from the fact that the operations performed were not sufficiently extensive, or else were not performed upon the intellectual area. Our operation consists in trephining over the temporal fossa, and removing a strip of skull over the coronal fissure, about one-quarter of an inch wide, directly across the vault to the opposite temporal fossa. Then open the dura throughout, except over the longitudinal sinus. This certainly creates an impression on the brain, during which it is nourished into better function. Whatever may be the

criticism upon the mode of procedure, the results speak for themselves. We do not claim anything but so altering the nourishment of the brain in these patients, and to render them able to appreciate and retain impressions more easily than without the operation. In other words, this procedure is in no way opposed to or intended to do away with the training which these children get in schools for the feeble-minded. On the contrary, the purpose is to put to the greatest usefulness such brain capacity as is there, so that the children might improve and benefit by the training at school to a greater extent than if no surgical interference had awakened their limited intelligence to its fullest capacity.

UNTOWARD EFFECTS FROM THE LOCAL USE OF THE SOFT SOLID DERIVATIVES OF PETROLEUM.

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While the petroleum derivatives were winning their way into popular and professional confidence reports of ill effects were not infrequent. Since they have won their place, and have evidently come to stay, if the timid observer has seen such results he has said nothing, fearing his brethren would call him a crank, and, knowing that if he published bad reports of the articles the makers would vigorously resent it, he just "sawed wood and said nothing." When the truly scientific surgeon got ill results, in the greatness of his scientific humility he attributed them to the imperfection of his technic, and laid all the blame on the poor, persecuted microbe, which, he knew, couldn't make a counter-objection.

The number of persons who exhibit an idiosyncrasy against the petroleum derivatives, as regards the mucous surfaces, is very small, and the number who exhibit it as regards the cutaneous surfaces is much less. Nevertheless it is a fact that there are those who can never use any of these preparations to advantage locally.

Inquiry among my medical friends dis-

closes the fact that all of them have seen wounds dressed with cosmolin and vaselin pursue an atypical course, necessitating a change of treatment, but none of them suspected that the dressing was in fault. This is to me more astonishing, because I have known several among the laity who had learned that on themselves it was never well to use vaselin or cosmolin on any part to which a bandage must be applied. I have seen four men on whom vaselin applied to the glans penis caused erosion of its covering and also of the preputial lining. In two of these it occurred more than once. I also knew of two men in whom albolene produced the same result, and in one of them on three separate occasions. This erosion is so like that which sometimes occurs when dry calomel is applied to the glans while the patient is taking potassium iodid, that a knowledge of the treatment is necessary for a diagnosis.

In 1892 two women were under treatment at the same time for a similar condition, and each was given an ointment of albolene and zinc oxid, with directions to

apply it to the labia two or three times a day, and at night to smear a slip of cotton and place between the labia. One was a dark-haired American, and with her the treatment was satisfactory. The other was a Swede, and in her it caused erosion of the mucous membrane, and the glands of Bartholini threatened to suppurate. After the erosion was repaired she was given a box of the same ointment, to which an inert coloring was added, and the same result followed. Some months later her young brother was bitten on the hand by a dog, and the wound was treated by the family with vaselin for three or four weeks, when he was brought to me. An occasional cleansing with solution of bichlorid, 1 to 1000, and covering it with dry calomel, induced it to heal in a few days.

About ten years ago a junk dealer had a troublesome eczema of the hands and face. Albolene and vaselin, variously combined with zinc oxids, bismuth subnitrate and carbolic acid were tried uselessly, or rather injuriously. Improvement was soon manifest after benzoated lard was substituted. About two years later he knocked a bit of skin off his hand and wrapped it up with cosmolin, and the eczema promptly appeared and was subdued as before. He was advised not to use any of the petroleum derivatives in the future.

In 1880 a twelve-years-old boy was treated for a scald head, which he had carried since his earliest recollection. What ointments were used were made with benzoated lard. His head remained free from eruption for ten years, when it returned, and the old treatment was resorted to, except that albolene, cosmolin and vaselin were successively tried. Benzoated lard was again a success.

About a year ago a woman by mistake applied liquefied carbolic acid to a patch of herpes on the right upper lip. Vaseline was applied for two or three weeks, and when she called for treatment the ulceration had extended to one-half of the right side of the nose and three-quarters of the upper lip. Discontinuing the vaselin, a cure was accomplished in a few days with less scarring than was anticipated.

About four months later she had what

patients call a cat-boil on the inside of the right alæ nasi, and applied vaselin to it. As the discomfort increased her assiduity increased, and after ten or twelve days she presented herself with the nose enormously swollen and ulcerated, the left eye almost and the right completely closed, and nasal respiration impossible. It took four or five days to secure free nasal respiration, after which repair went on more rapidly. But she did not escape so well as before, having lost a very perceptible notch from the alæ, so that her nose will no more be a thing of beauty to her friends nor a joy forever to herself. But she has so often used vaselin on the cutaneous surface without harm that she will probably have to have another racket with it before she will believe it is not an innocent and universal cure-all.

Since this paper was begun a letter was received from the Swedish woman before mentioned, who now lives in Minnesota. She says vaselin was prescribed with directions to apply it to the *introitus vaginae*, and the result was the same sort of erosion as followed the albolene, to which an intolerable pruritus was added. I am much inclined to believe that of those children dying after circumcision a good share are, in reality, killed by vaselin. I have never seen bad results follow the local use of petroleum oil unless it is in a case of a man now under treatment for gonorrhea. The man first fell into the care of a doctor "whose zeal was not according to knowledge," and was irrigated with some fluid that caused so much burning pain as to induce vomiting, and immediately started constant and intense vesical and rectal tenesmus, the frequency of micturition being increased from intervals of three or four hours to five to fifteen minutes. When I first saw him the urine was loaded with blood, pus and mucus, and each discharge was followed with more or less blood. Under treatment the tenesmus decreased and the urine cleared until there only remained a little mucus and an excess of bladder epithelial scales. It was retained three or four hours, and about all the complaint was that after urinating there was severe burning for five minutes in front of the scrotum and at the fossa navicularis. For

this on his own initiative he injected petroleum oil and got instant relief. He continued to use it after each micturition for a day or two, when he found the frequency increasing. When he presented himself two days later the whole length of the urethra was the seat of intense burn-

ing pain, and he was urinating every ten or fifteen minutes. I have never known petroleum oil to be so used before, and feel some hesitation in accusing it of causing the recrudescence. But it is well known that vaselin in the bladder is not innocuous.

BRIEF REVIEW OF THE HISTORY OF MEDICINE—ITS VARYING CHANGES—THE AGE OF FADS.

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That the science of medicine is a certain one, no person who has practiced any length of time and who has a reputation to lose, would dare assert. There are no infallible doctors, and there is no universal panacea. Nature, true to her laws, works destruction upon the individual who dares insist upon the establishment of self-made laws that conflict with laws which, so far as we know, are eternal. Obedience to these will give the best results until the tooth of time, gnawing away the body, fulfills the doom pronounced upon the children of Adam: "From the earth you came and to the earth you must return."

Man is subject to the law of constant change which governs all organisms, and it is only when the balances of nutrition and waste are at variance with each other, that we have death. After the death of the body we then have the molecular death of the tissues, until Nature's inviolable laws are fulfilled, and she has restored to herself molecule and atom. Hence it follows that doctors do not cure organic diseases, but only modify functional diseases; in a word, they are Nature's helpmate.

Science, unlike literature, is beyond doubt progressive in our age. It is an age of sifting. When the Goths and the Visi-Goths, and the countless hordes of the Germanic races devastated Western Europe, medicine also suffered with literature, and recovered in greater degree. None of its votaries ever claim for it infallibility, but they claim it is at least progressive.

Man must knock at the store-house of

Nature for the key to her unfathomable mysteries; slowly but surely does she yield up her secret laws to him who waits, watches and reasons; she will not reveal her secrets for any price other than patient labor and study. But if man was to wait and labor to the end of time, she would never give him a remedy to cure him of his human infirmities; and because of these medicine can only at the best fulfill a certain allotment, after which the law must take its course, and death reign universal over all organized matter. The question, "Is our knowledge of disease imperfect," now arises. By the process of experiments and careful study of the physiologic laws we can at least hope to make the science of medicine result in prolonging existence.

Lord Bacon said that in the study of natural truths "we must consult experience rather than reason. Those who, in the study of sciences, do not consult Nature, but authors, are not the children of Nature: they are only the grandchildren. Nature begins from the reason and ends in experience; but we must take the reverse course, begin from the experiments and try to discover the reason; theory is the general, but experiments are the soldiers." This was not the first utterance in favor of the value of observation and experiments in acquiring a knowledge of nature; but only at this period did it become the dominant idea of science and philosophy.

Hypocrates of Cos affirmed concerning the nature of man and disease, "That we must acquire a certainty of disease by

observation and the aid of the senses, before we proclaim a truth." This he simply did not live up to; for we find him dogmatizing and confounding reason and experience. His personal value was in his close study of symptoms and prognosis. In this he stands out unique. Later we have Philinus and Serapion of Alexandria, who taught a distinctly empirical method, why or how was not brought into question.

The list of great leaders in medical speculation, the reformers and the deformers of medical practice, is not a great one as regards the period of time embraced. It includes the names of Hippocrates, Serapion, Esculapius, Celsus, Sylvius, Harvey, Borelli, Sydenham, Boerhaave, Stahl, Hoffmann, Haller, Cullen, Avenbrugger, Brown, Jenner, Hunter, Bell, Bichat, Barthez, Pinel, Rasori, Rush, Hosack, Lænnec, Broussais, Louis, Liebig, Virchow.

The essential ideas taught by them, stripped of all their complexities and environments, are as follows: Naturalism, empiricism, eclecticism, humoralism, solidism, chemicism, mechanicism, neuro-pathology, stimulum, phlogisticism, pyrexism, vitalism, and, latest of the present date, cellular pathology.

Dr. Virchow, the author of cellular pathology, had a mind capable of applying the Newtonian theory to medicine. What Newton taught regarding the centre of gravity as a starting-point, and his deduction of its general laws, were uppermost in Virchow's mind. The elaboration of the doctrine of cell-genesis has become a center idea around which all others are completely absorbed in a great measure, and one indeed that has the universal acceptance of the medical world, since it simplifies the many "isms" in medicine, and places medical science upon a basis at least rational.

The statement, "Rationalism in medicine leads to absurdities," is only a partial truth. "When there is no certain knowledge of a thing, a mere opinion about it cannot discover a sure remedy; medicine ought to be rational, but to draw its methods from the evident cause, all the obscure things have been removed, not from the attention of the artist, but from the practice of the art" (Celsus, *Treatise on Medicine*).

To imagine that medicine always needs the aid of art, is an unlearned error. Medicine is progressive. Even an incomplete physiology may suggest, says Dr. Hartshorne, safe and proper experimentation; and for good diagnosis, we need pathology; they are both indispensable. The profession looks forward to the day when the laborious and intelligent culture physiology and pathology are now receiving will be repaid with tenfold harvests, practical as well as abstract.

The time may come when the why and the how of therapeutics may be largely as well as accurately explained; but sometimes it is hard to see what can come out of the methods employed at this date, often based upon fallacious grounds, to be buried with hundreds of other medical fads, and unfortunately carrying with them human life, as a sacrifice to false and unscientific reasoning. There may yet come a day when will come the downfall of empirical practice; but in its place "there shall come a rational empiricism or inductive medicine."

The last two decades have brought with them the discovery of the germ theory that to-day is rampant all over the world, and, like every other good thing, if it be a true "ism," it is always overdone or finds itself a victim in the hands of its friends. Yet it is not claimed for a certainty that the so-called diseases due to germs are caused by the germs, or the germs are the outgrowth of the disease. It is the opinion now that it is not the germs, but some subtle poison that they manufacture that is the cause of the war between them and the cell tissue, and the results are dependent on the vitality of the one over the other for cure. Hence, unscientifically, has sprung up a system of therapeutics, based upon the so-called discovery, that has led the medical field into one absurdity after another; and, as the medical profession above any other, is prone by its nature to go mad, it has at this day reached a period unequalled in its history for seeking and manufacturing fads, that in the light of reason would, twenty-five years ago, lead to the charge of quackery, if they had been simply enunciated by any man in good standing in his profession.

To-day, it would seem that the more

eminent the man is, the more his bug theory hops; and all the rest are but satellites revolving around him, carrying out his dogma, (for it is nothing else, and a very unscientific one at that) to the destruction of human lives. It is a well-settled fact, that what is true of the culture of germs in a laboratory, is not true in the laboratory of the human system. Here, again, is only a partial truth, and that only a mere conjecture, arrived at by the action and propagation of the bacilli by cultured methods in the laboratories. That the main idea is to make innocuous this poison or its authors, and by so doing destroy the disease, has been the dominant idea since its discovery.

To Pasteur, the credit may be due by experiment; he arrested the silk worm destruction, that saved untold millions to France, but he did not make by his dog theory one single human being free from hydrophobia, because he had an unscientific principle, as proved by time.

Dr. Koch, using the principle of vaccination as a basis of reasoning, electrified the world by telling a medical congress that he was on the eve of a great discovery,

a sovereign cure for consumption. Its history has been written, and it is the history of pseudo-science. Yet he set the pace for a lot of other ingenious chemists, who know, only too well, the weakness of the medical profession, and upon the same principle, with all its glaring inconsistencies and failures, induce the public and the medical profession to take stock in equally bad nostrums.

The latest that comes to us in the form of science of the germ theory is that a physician in one of our western States will cultivate those germs and swallow them all, and pull out a patent stopper and drink of a liquid that he has on tap at so much per dram, and defy the germs of the deadly poison to destroy him, or have at least a lurking place in his system.

It is not my desire to pull down the work of those honest men who are striving to make medicine at least a rational science, but it is high time for the medical profession to demand that they will not be driven like a pack of sheep from a sure field into one whose cultivation will yield no harvest.

CURRENT LITERATURE CONDENSED.

Fat Necrosis.¹

The peculiar condition called "fat necrosis," since it was named and described about fifteen years ago, has received much attention from pathologists. Its cause has nevertheless remained obscure.

The name is applied to a change in the adipose tissues about the peritoneum, whereby they become dotted with little opaque, white nodules, reaching the size of a pea. Such nodules are found most abundantly near the pancreas, but may also occur in the omentum, mesentery, and in other situations.

Pancreatitis of a hemorrhagic or gangrenous form is usually present; other forms of pancreatic disease less often. Very stout people seem to be most prone to the affection. Numerous reports of

cases prove that pancreatitis, combined with fat necrosis, is by no means rare, and that the disease is nearly always fatal.

It has been determined that in fat necrosis the neutral oils contained in the fat cells are decomposed into their component fatty acids and glycerin. The fatty acids combine with lime to form soaps. The nodules mentioned owe their characteristic properties to these new compounds.

Remembering the association of fat necrosis with pancreatic disease, and that the pancreatic juice contains a ferment having the power to effect the decomposition of neutral oils which takes place in fat necrosis, it is not unreasonable to suspect that the pancreatic ferment may be responsible for the fat necrosis.

Following the earlier work in the same direction, Dr. H. Williams has been carrying on experiments directed towards the

¹ DR. H. N. WILLIAMS, Professor of Pathology, University of Buffalo, in *Boston Medical Journal*.

solution of this problem. Twenty animals, mostly cats, were operated upon. Observing an aseptic technic, the abdomens were opened, and a silk ligature was tied tightly about the splenic portion of the pancreas (which corresponds to the body and tail of the human pancreas), close to the duodenum. In about half of the cases, the veins leaving this portion of the pancreas were tied as well, and a sharp hook was passed into the gland beneath the peritoneum, with which its substance was lacerated.

The abdomens were opened again in from one to two weeks. In five cats, fat necrosis was found to have occurred quite extensively, especially near the pancreas. In one of them, the distribution of the lesions was strikingly like the condition seen in man. In all of the cases the alteration of the adipose tissues was found to be of the same nature as that seen in the human subject.

Dr. Williams is conservative as to concluding from his experiments that the fat-splitting ferment of the pancreas, *alone*, produces fat necrosis. In three of the five cases, an accidental infection of the peritoneum with micrococci was also demonstrated. To prove that fat necrosis is due to a pancreatic ferment, the pancreatic juice in an aseptic condition must be brought directly in contact with adipose tissue. We are informed that experiments of this character are in progress.

Nevertheless the results already attained are very suggestive, taken in connection with the association of fat necrosis with pancreatitis that has been mentioned as existing.

Another suggestive observation is that fat necrosis may occasionally be seen about the hog's pancreas. Dr. Williams examined the pancreas in one hundred hogs, and found two in which there were abundant fat necrosis in the adipose tissue between the lobules of the gland.

Morbid Conditions Complicating the Menopause.²

Since at the beginning of the generative life the system takes on new activities and new functions, resultant from a rapid

development of the uterus and its adnexa; so at the close we find atrophy and degeneration of these organs occurring somewhat more slowly requiring a readjustment to former conditions. A prominent factor in the consideration of the preclimacteric and post-climacteric periods is the possibility always present at this time of life of a defective circulatory, or eliminative, or digestive, or nervous system, causing increased danger which only the carefulness of detail work will avoid or diminish.

The pathology of this change primarily involves the generative organs, the involution being ordinarily manifested, symptomatically, by a gradual cessation of the menstrual flux, which means, when no change is made in the usual mode of living, not a less supply of blood; but simply a change into other channels and carried to other organs upon which the burden of elimination falls. The increased tendency to visceral congestion marks the pathway along which preventive medicine should show most beneficial results, and in order to be forewarned a thorough examination of every organ of the body with reference to chronic lesions and functional activity should be made upon the slightest apprehension of any disability. The laity also should be instructed to attend to the lesser ailments complicating this period of life and thus ward off the greater ones.

The uterus is often the seat of organic disease which becomes not only the disturbing factor in preventing normal changes, but also one of the causes of general debility and diminished resistance.

The menopause usually occurs between the ages of forty-five and fifty-five years, although exceptions have been reported where prolonged to the sixtieth and even the seventieth year, also where begun at the fortieth, thirtieth and even twenty-seventh years. There have been unauthentic cases known as early as twenty-three, but probably due to some removable cause, as for example, to sedentary occupations. Such a case I met with in my own practice in which a young lady, a school teacher, inclined to obesity, although apparently well and feeling well, ceased to menstruate for two years, at twenty-three.

²IDA C. BARNES, A.B., M.D., Kansas City Medical Index.

She had none of the disagreeable complications of the menopause and was only rendered somewhat anxious by the peculiarity of her case; however, at the end of two years she began to ride a bicycle and the menses returned with commendable regularity.

Hemorrhages often occur at the menopause that are without pathologic basis and are transitory in their effect. Far more of the cases are due to organic lesions of the uterus, tubes or ovaries, which may even prolong the menses or produce a hemorrhage which takes the place of the menses and occurs between them. It is obvious that the diseased tissues should receive the most careful treatment if alleviation or restoration is thus possible, and removal if not, unless an unfavorable issue is probable.

Some of the worst cases of metritis have been post-climacteric, in which a foul discharge was present, simulating malignancy; but a microscopical examination showed no traces of this disease.

The hemorrhage of old women is often due to an edematous change in the uterine mucosa which sooner or later results in malignant degeneration, and this is one of the great dangers to be avoided at this time. Increased or irregular flow should create a suspicion strong enough to warrant a careful examination. Since malignant tissue can be removed only in the very incipient stage with success, let not any physician permit himself to take such a risk, if an examination is refused, but place upon the patient herself all the responsibility.

Statistics have shown that the number of cases of malignant degeneration in women increase up to fifty-five years; greatest between forty-five and fifty-five years, and then gradually decrease.

Malaria or disease of the spleen or pernicious anemia often give rise to metrorrhagia which disappears with proper treatment. Metrorrhagia may be also due to some disturbance of the circulatory system.

In the visceral congestions arising from a disturbed circulation, the following conditions are particularly to be noted, congestion of the lungs, of the liver, cerebral

hemorrhage, hemorrhoids, hematuria, a return of the menses, profuse perspiration and periodical galactorrhea.

The nutritive disorders appear in the form of obesity and plethora, in the return of scrofulous manifestations or chlorosis. Charchot says that the first manifestations of gout and rheumatism often appear at this time, also menstrual exanthemata may exhibit new vigor or become chronic.

The nervous disturbances are vertigo, palpitation, flashes of heat and neuralgia, particularly of the ovary, paraplegia, a recurrence, or appearance for the first time of hysterical or epileptoid manifestations; also in the degenerated or in those having a hereditary predisposition, various psychoses appear. All mental and nervous phenomena are the most marked and the most constant and the least exaggerated by the laity or profession. Women with marked neurotic temperaments frequently culminate in insanity. This form of insanity is regarded in a measure favorable in prognosis. Skae reporting 55 per cent. of recoveries in an article written upon the topic; Sutherland 40 per cent., and Merson 50 per cent. If recoveries are possible in so large a per cent., is it not reasonable to believe that preventative treatment might have relieved many from such disastrous results, and that in the line of promoting functional organic ability?

The artificial menopause produced by the removal of diseased ovaries and adnexa differs from the menopause at the natural period of life in that it is usually a sudden cutting off of the menstrual flux instead of the gradual cessation which should usher in the first climacteric period. The nervous symptoms usually occur with unflinching regularity but since the patient is generally under the immediate care of the physician many of the disagreeable symptoms are avoided in the routine treatment given, and since many of these patients also are comparatively young they escape the complications arising from degenerated organs and tissues unless produced by the disease for which the ovaries were removed.

The end of labor is to gain leisure. It is a great saving.—*Aristotle.*

Malignant Endometritis.*

The microscope alone will not enable one to make an accurate diagnosis of this form of malignancy in the uterus. Much may be determined regarding hyperplasia, rapidity of cell proliferation and the presence or absence of adenoma, but it is utterly impossible to tell simply from the tissue removed by the curet how deeply the process has advanced into the substance of the uterus; at least, one can only have a strong suspicion that a process, which will prove fatal long before the characters are unmistakable, is present. If, in addition to the microscopic appearance, the patient gives a history of frequent metrorrhagia, unrelieved by repeated curetting, with rather a watery discharge between, you can safely make a diagnosis of malignant chronic endometritis.

As regards operation, it is better to err on the safe side and remove the uterus, if one is in doubt, as it is a greater error to leave a uterus *in situ* when it is the seat of malignant endometritis, than to remove one of which you are suspicious, yet which proves to contain nothing of a malignant character.

The condition must be comparatively rare, as the writer had only come across six cases in six years' work in the pathological departments of three Philadelphia hospitals. He gives the following report of a case, but it is too incomplete to be of much value. The patient's age was about fifty. She was short, rather anemic, and very stout with flabby tissue. There was a history of profuse metrorrhagia during the previous five years, increasing in amount and duration and with shortened intervals. Repeated curettage was followed by recurrence of the metrorrhagia and a profuse muco-serous discharge ex-utero. On microscopically examining the tissue removed by the curet after two operations, an apparently simple hyperplasia of the glandular tissue was seen, but malignant hyperplastic endometritis was diagnosed and hysterectomy performed. On removal of the uterus, it was seen to be enlarged and globular with a relatively short cervix. The peritoneal coat was smooth, glistening and hyperemic, while the organ itself felt

soft and elastic. The cut section is rough and looks hyperemic, especially near the endometrium, which is engorged with blood and hemorrhagic in spots. The endometrium is soft, velvety and about one-quarter of an inch thick. Sections examined by the microscope show neither adenoma, carcinoma or sarcoma, but a glandular hyperplasia with a tendency of the glands to grow out into the intermuscular spaces of the metrium. The matrix of the endometrium can be seen deep in the muscular wall of the uterus.

Infantile Feeding During First Year.

Good cow's milk, boiled in winter or sterilized in summer, and diluted, according to the age of the child, with the different cereals—oatmeal, rice or barley water. These latter are given according as the bowels tend respectively toward constipation or diarrhea. At the age of seven or eight months, soups or meat juice may be added. Corn-starch in milk, or a soft-boiled egg, makes a pleasant semi-solid food for such children. A zwieback, or crust of white bread, may be put in the baby's hand about this time.

Although the process of dentition is actively going on at this period, it must be remembered that seldom does it cause disturbances. It is always a good rule to first examine into the baby's dietary before examining the gums.

In times of emergency, when the milk supply to a large city is cut off—as during severe snow blockades in winter—condensed milk will be of service. The degree of condensation varying among the different specimens, and the proportions of sugar being unstable, it will be well, as a rule, to rather select freshly-obtained cow's milk.

The artificial foods rank last on the list of desirable foods for such young infants. No two preparations are exactly alike. The addition of foreign substances will be found to deviate from the natural mother's milk, and the fact that these foods are often kept for long periods in the shops does not free them from the suspicion of having begun to undergo chemical decomposition at the time they are prepared for the baby's stomach.—*American Therapist*.

*J. M. VAN COTT, *Inter. Med. Magazine*.

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PHILADELPHIA, SATURDAY, JUNE 26, 1897.

EDITORIAL.

HINTS FOR THE OFFICE—LITTLE ECONOMIES OF TIME AND MONEY.

Adhesive plaster, entirely aside from its surgical use, is one of the greatest conveniences of modern life. Unless for some special purpose, buy the rubber plaster, which needs no warming, and get it in narrow rolls, without cambric facing. It makes the handiest kind of label, and can be used to secure box covers and corks, to improvise hinges, and to strengthen or mend the edges of boxes.

Both to prevent breakage and to facilitate handling, stock bottles should be kept in small trays, each of which holds bottles of the same general use; for example, one for surgical dressings, one for cathartics and intestinal astringents, another for general tonics, etc. Shallow cigar boxes, sand-papered and varnished, are neat and cheap, and of the right size.

A granite-ware funnel is useful for filtering, and for pouring liquids and pow-

ders from one bottle to another. Except for chemical manipulations, cotton or blotting paper is preferable to regular filter-paper.

A large rubber apron or gossamer cloak should be kept ready to protect the clothing of patients by those using the stomach tube, doing throat, nose and ear work, etc.

Make your own cotton and gauze bandages and antiseptic compresses. Iodoform and similar gauzes should be first boiled, then the active ingredient can be incorporated with the gauze by rubbing it in on a large sheet of glass, sterilized by washing with corrosive sublimate or similar solution. The hands, of course, must be rendered aseptic in the ordinary way. Gauzes thus prepared are cheaper than those bought ready-made, and you know their pedigree.

A common tin can may be used as a crematory for septic dressings, etc. It can even be used in a natural gas stove. A fruit can, partly filled with a germicide solution, may be used as a temporary receptacle for such articles.

Have a place for everything, and as near your hand as possible. A waste-paper basket, a receptacle for urine and other "nasty" bottles, a receptacle for clean bottles, small boxes, corks, etc., a pin-cushion with safety-pins, a tape-measure, a dictionary, a box of stamps, a tray for writing materials, scrap-paper, a calendar, some form of letter file, a pair of scissors, should be found in every office.

If possible, have in your office a supply of running water, and a drain pipe into which dirty water, urine, etc., can be poured.

Keep the samples which are brought or sent to you, so that they can be used for patients. A little civility and a trifle for postage, and occasionally express charges, will bring you drugs which are really worth a hundred dollars or more a year. However, it is not often worth while to continue to prescribe particular combinations of official drugs. Even the fake nutritive and digestive preparations are usually elegant vehicles or alcoholic stimulants and, at any rate, you can use the bottles. Do not argue with an agent, unless to pass away the time. Take his samples, descriptive literature and price-list, and study them at your leisure. It rarely pays to have anything to do with a house that will not tell you the ingredients of what it wants you to prescribe. On the other hand, an intelligent agent of a reputable house usually knows something new and valuable that you do not know. As a rule, to which there are some conspicuous exceptions, a good drug does not need an expensive advertisement. Be suspicious of the house that sends you a present, especially if it

takes the form of gaudy pictures and elaborate collections of medical indecencies.

Save portable bits of medical literature, such as reprints, small journals, advertising matter, etc., for such spare time as you will have in street cars, in waiting for trains, or at houses where you may expect a delay. Direct advertising matter from a responsible house should usually be read. Reprints obviously distributed to advertise a proprietary article are generally of little value, and it is a waste of time to do more than glance through them.

Always carry a stethoscope, thermometer, hy podermatic medicines and syringe, prescription blanks and cards with you. Have ready at your office (1) a small portable case that can be carried on an emergent medical call; (2) a satchel with instruments, bandages, anesthetics, etc., for temporary dressing of a surgical case; (3) an obstetric bag. Such emergency "kits" may be made very portable with a little ingenuity. Carry only small quantities of drugs, do not trouble to carry tablets of different doses of the same thing, nor that represent combinations that can readily be extemporized. Do not carry drugs that can not be needed in a hurry. Use acetanilid or bismuth for dressings instead of drugs that cannot be used internally. A screw-top wooden case, such as is used for bottles of liquid blacking, or for mailing samples, will hold a surprising amount of absorbent cotton. A test tube, or small vial, within the long, narrow wooden box used for packing thermometers, will hold, in an antiseptic solution, all the suture material that will be needed for any but the most elaborate operation. Fruit jars or those with metallic screw-caps, are useful for carrying antiseptic gauze, etc. Sponges are no longer in fashion. Small scrubbing brushes, catheters, instruments too large for pocket cases, etc., may be kept reason-

ably clean, though not aseptic, by sealing them in separate envelopes. Laryngoscopic and similar sets of instruments may be packed in watch boxes. Tin tobacco boxes are also convenient.

Keep one diary or memorandum pad—such as are distributed as advertisements by several firms—solely for appointments ahead. Keep a slate or card for drugs to be ordered, and other matters which must be attended to, but not at any particular time.

If you are so situated as to need to carry a moderately large stock of drugs, you can gradually accumulate a neat and convenient assortment of glass-stoppered vials, and screw-top bottles of uniform appearance. As a general rule, for those thus situated, tablet triturates are the cheapest, most convenient, most palatable and most reliable form of medication.

Make up stock solutions in quantities sufficient to last some length of time, doing all of the weighing and measuring at once. So far as practicable, let your analyses of urine accumulate so that you can do

several at a time. Use the same plan for correspondence, etc.

Make brief records of anything to which future reference will probably be needed, and make them immediately. A large piece of card-board may be ruled so as to give in tabular form the results of fifty or more analyses of urine; small cards may be used for memoranda concerning patients. Keep copies of all prescriptions, either on a stub or by means of manifold paper.

Index your patients monthly, in alphabetical order. All your business memoranda and brief professional notes may be kept in one book. Unless you can hire some one to do all your collecting and errands, keep a slip of such details in your pocket, and attend to them whenever more serious calls bring you into the right locality. As a rule, if you cannot collect a bill yourself, no one else can collect it for you. But, so far as possible, such business should be left to others, except in the case of responsible patients who may become offended if not dealt with personally.

ABSTRACTS.

PRAXIS.*

The word praxis is the most comprehensive I know to express concisely what is of surpassing value to physicians. The root-word of *practice*, it carries with it more than that word does. It is a curious Greek word, whose literal equivalent in English is *doing*, and is very like the Greek word *gnosis*, which means *knowing*. As physicians needed to know a patient or a disease thoroughly (or *thoroughly*, as the word was often spelled) before they should treat either, that kind of knowledge was called *dia-gnosis*, so I make a claim for equally thorough practice and a

corresponding word to stand for it, which, of course, would be *diaprazis*. Lest I should risk setting up a man of straw for the pleasure of knocking him down again, I have just here consulted my Gould, to find to my entire satisfaction that that authority contains no such word.

The importance of making a correct *diagnosis* was early recognized, as long as the use of this word shows. So an equal importance, not yet recognized in the same way, belongs to painstaking, humane, defensible, and even unassailable *diaprazis*.

First, to enlarge upon the ideal, a physician, as soon as he enters upon his career,

*HEBER N. HOOPLE, M.D., before the Long Island Medical Society, *Brooklyn Med. Journal*.

feels that he has placed himself in one of the three classes of his fellows that have always been distinguished as the learned professions. Not long ago, while playing tennis with a young lady, the charming sister of a newly fledged physician, she told me that he had offered to pay her so much a week if she would call him "doctor" instead of "Ned." This was not a foolish vanity, but rather a proper feeling of that dignity which he knew to inhere in the profession which it had cost him so much self-denial to enter—a dignity not felt as it should be by physicians at all times. This is evident when you see a doctor playing cheap fiddle to his patients, dishonorably accepting a call where a brother-physician has right of way, or weakly allowing himself to hear without protest an ignorant or prejudiced patient malign a fellow-practitioner on a profound matter of practice.

Recently a young physician, the son of a physician in good standing, pared a young woman's corns for the munificent sum of 25 cents. The patient refused to go to him again because he charged her too much. Let manicures charge what they please, but not set the fee for the service of a physician. The latter can always conserve his dignity by *giving* the service where he chooses not to ask his fee. I once pared a woman's corns and did the feet up nicely in bandages, for which operation I charged her husband \$3. I never pared her corns again, but I never regretted my charge, for in it I believe I sustained the dignity of my profession. I have not always been equally careful, but where I have not I have always regretted it.

There are occasions where one doctor properly follows another. It is then a frequent experience with the former to hear the latter slightly spoken of. Beware! "A dog that will fetch a bone will carry a bone." If I had no higher motive than to protect myself I would refuse to lend my ear to such calumny, however subtly put. I long ago adopted for such people this maxim, "The poorest doctor is likely to know better than the wisest layman, the conceit of the layman to the contrary." Even if it seemed evident to me that the doctor had missed

the mark in any particular case, I would defend him on general principles. If I should not defend him, who should? Heaven knows, few suffer so much unjustly on account of self-interested, and therefore biased and unfair criticism, as do the doctors; and were this not pleasantly offset by the unstinted and sometimes excessive gratitude of other patients, even under the most severe tests to the physician, the latter would be in danger of taking most pessimistic views of society. The double experience is likely to keep him somewhere near the happy mean in his judgment of human nature.

The least that one doctor can do for another when the other is spoken against so as to be unable to defend himself, is to assume his defense for him. Self-interest and prejudice ought to have no encouragement in hurting him who holds himself ready to go day or night at the call of his patient. The patient who would thus unjustly injure him deserves a lesson in fairness and gratitude, which is as good work as any other that a physician could perform for his fellow. This feature of the physician's ideal might be summarized in these words: conscious dignity in the doing of a loving, skilled, but poorly paid service, coupled with loyalty to all of like dignity.

Next, the sense of being a scholarly gentleman places on a physician the responsibility of being a social leader and a molder of opinions. He may not perceive this so clearly as others; it is nevertheless true; and you will readily find families who are frank enough to tell you that their standard of excellence in many things is the standard set by their doctor. His opinion is quoted. He educates, removes superstition, and starts rational thinking on subjects previously held in the iron grasp of credulity and superstition. He does this by virtue of his own cultured power in reasoning. He has learned in the lecture-hall and in the school of observation that hearsay is not fact; that statements must be discounted; that even positive asseverations by a patient may have to be boldly dubbed lies, until the patient admits the facts and acknowledges the doctor a magician. As to credulity, there is nothing about which

people, one and all, ignorant and learned, are so credulous and so easily bamboozled as their diseases and what will cure them, however reasonable they are in other things. Hence the thrift of quackery and nostrums. Hence the difficulty of establishing legitimate practice upon a rational basis. Homeopathy, as a doctrine, is an appeal to this credulity; and its success, and the success of nostrums, shows what a deep hold superstition and credulity have upon the common mind even to-day, and how difficult it is to uplift. Yet homeopathy has conferred upon us one boon in banishing nasty, bulky dosage. It has forced the adoption of the smallest dose that will do the work. But the troublesome twins, cause and effect, are ever with us, and the schoolmaster, the lawyer, or the divine who would scorn to err in the *post hoc ergo propter hoc*, in his regular line of thought, become singularly gullible and credulous when his vulnerable body is attacked with disease. To lift men against such odds the doctor must have a clear brain, do clean-cut thinking, and have the nerve to hold his convictions against opposing ignorance, carelessness and superstition.

The physician must also be ready to speak on occasion, as when he fulfills public functions, represents constituencies, or watches state and national legislation. He is a man of taste in art; he promulgates the best literary work, and he is first, last, and all the time a scientist. The fields are numerous and vast in which he is continually an effective but quiet worker for the general good.

When the young graduate launches out into practice, rich in enthusiasm, energy and hope, but mighty poor in experience, he is soon enough out of sorts with books, though he has been living in them for years. They no longer furnish him the things he now needs most. Even his *materia medica* soon dwindles so that, instead of having twenty drugs for each disease, he learns to treat twenty diseases with one drug. From the start he perceives that every physician must be the master of his own resources, and must, for himself, feel the particular needs of each patient by a kind of quick-witted, or learned intuition. It is a weird and fas-

cinating revelation to him. Conversing with the old practitioner living near him he gets a few helpful hints that enhance his estimate of that kindly neighbor, thought of before as somewhat old-fashioned because he had not yet adopted some of the new college fads.

He next joins the medical society, breaks a lance at his first tilt, and goes home wiser but sadder. As a child will start laughing in the midst of his tears, so he soon forgets his blues and is up and at it again. He observes carefully, thinks clearly, reports cases, draws deductions, reads papers, and reaches fine perorations. Again he feels the force of criticism and finds he has been dead wrong on his assumption, from failing to see all sides. Though the speakers have handled his thoughts severely, without gloves, yet they have done it with perfect candor and coolness, without a trace of personal animus and with evident good nature. Ah! that is exactly what cuts; it is his work, his thought, his mental product, and his attitude toward eternal truth that they have held up to the search-light. His vanity is knocked out; there is nothing left for his pride to strike back at. It is a new awakening. He has left college only to enter a rougher school. Being a physician means being every inch a man of thought, a man of observation, a man of knowledge, a man of tact, endowed with skill, equipped with experience, full of charity for the mistakes of others, since he has found himself so liable to err. He allows for others' view-point; he learns self-restraint; he masters enormous difficulties; he is always on the advance, and slowly but surely he at last reaches that respectable, that enviable, that honorable position where his opinion is authority, his fee is double, and his fame is "*Our Doctor*."

You will see that I have here placed the focus on the *society*, whose value was at first not dreamed of. The student was used to grinds, but he never before got such grinds as those at the society. His library and his journals had no such function as it had. Ask one who has become an authority, and he will say: "Speak at every society meeting, willing to be a fool at first and acquire wisdom. Write, the

first chance you get, something thoughtful. Do it carefully, tastefully, laboriously, even if it turns out to be very poor when criticized. Report your cases even if you only learn that 'we've all been there before, many a time.' Embrace a theory, propound it, support it, defend it, and when you learn at last it won't hold, courageously acknowledge error and score a point for truth." Children fall in learning to walk; they lisp in learning to talk; and young doctors "jump at conclusions." The society is the place to practise in; you ride there before you venture out on the cycle path. You want the society even if the society doesn't want you.

I take it for granted that I have not gone thus far without giving a useful place to my word *praxis*. I have not defined it, to be sure; but I have hinted all around it. I shall simply keep on hinting, without defining. One interesting phase of it is seen in all activities—the skill in doing a thing which impresses others as a kind of magic. Mystery is in it; it is the sleight of hand of the prestidigitator. It is reading off the telegraph sounder. It is picking a safe by the click of the lock. It is seeing pneumonia in a patient the moment you look at him, and making no mistake about it, though *he* hasn't the faintest idea what has struck him. It is the immediate rescue of that man from impending death. It is compelling him to take care afterward. It is collecting his bill promptly, before the patient thinks he has "to pay for a dead horse." It is a thousand other things which your imagination must supply. But I want now to state that it has some phases best seen only in the societies where all have many interests in common, much to give to, and much to get from, each other.

I think I but voice your own confession in saying that we meet together conscious of great deficiencies. No subject is ever brought up of which we have so complete mastery that we are not awed by the unsolved, underlying mystery and oppressed by the feeling of the inadequacy of words to express our helplessness, even when to speak is not a task to us. But often we may be like "Goldy," "who could write

like an angel, but talked like poor Poll." In emphasizing the need and value of our work as a confraternity, in which every member is an important factor, I wish, as a final step, to point out plainly where we can do better than we have done; not caustically, since there is nothing pathologic to treat, but frankly and suggestively, for our common good. But if, as an avowed free lance, I seem to challenge, I am ready to see the lists thrown open and the combatants enter.

In the first place, I am not saying anything vicious, or bad-spirited, when I say that the highest praxis is not gained in a "mutual admiration society." Look back over this last year's work and consider how sparing we have been of each other's little essays. We have scarcely dared to launch a home thrust where it was needed. Don't you agree with me that it is time to stop that nonsense and pitch into the very next paper and tear it mercilessly to pieces? Not in a personal way, that is cowardice, but in a manly logomachy. If the writer's vanity is hurt, let him squirm; it will do him good. More than that, it will do us good to pitch into him and make the feathers fly. A placid acceptance of what everybody says will not develop clear brains and clean-cut logical acumen. How, without these, are we to master the subtle problems of physics? Archery and telegraphy are mechanical; but to fathom recondite nervous phenomena, relegate them to orderly series, and gain a marshal's command over them, requires the skill of a master-mind gained only through *diap Praxis*. We are not here for child's play; we are here to solve mysteries; we are here to fight in friendly polemics and develop our fiber by exercise. Who is satisfied with what he knows? Show me him and I will show you one that doesn't know enough to know that he knows nothing worth knowing.

Again we are trying to compass in one night the whole gamut of knowledge about any particular subject, *e. g.*, starting with anatomy and ending with treatment? We are not in college, doing things in text-book fashion; we are associated to discuss principles, laws, and methods and their application—in a word, for *praxis*. To skim over a big field and get a few

interesting gleanings, is "not worth the candle." Besides, any meeting attempts too much that attempts to digest, discuss, and tear to pieces any two papers of considerable length. The *papers* will absorb the time, the *thoughts* will have no discussion or antagonism, criticism will not be provoked, and the meeting will fail of its highest aim. Timely notice of a subject on which the writer may write but one paragraph, stating simply a few principles, is capable of awakening the whole society to intense excitement, if it is well done.

A *praxis-committee* would better not embrace president and secretary, whose

offices already carry their own honor. Let it be hold-over, trustee-fashion, or senate-fashion, but be a thing distinctive, with its own glory to make in producing a wide-awake society. It will see that every member has a chance to work, because it will want to get him to work.

Its duties might profitably be enlarged to the formation of a library nucleus. It might bring in resolutions looking to the filing of all essays or papers in proper form—uniform. But at least it could keep before the society what it has been my aim to introduce here—how to make the ideal physician.

SUBJECTIVE VISUAL SENSATIONS.*

Dr. Peter E. Keyser presents a history of his own case, and also observations of other cases in his experience. The causes of these subjective visual sensations are indigestion or digestive disturbances of some kind.

The history of his case is as follows: About two hours after a breakfast of bread, butter, coffee, with an abundance of delicious honey, a singular appearance came over his vision; everybody and thing was divided vertically, so that but one-half of the object was really seen. The right side of the person or object looked clear and distinct, while that of the left was very indistinct, as in shadow and distant. The line of demarcation was so marked that the left or indistinct side appeared cut off and thrown back like a second likeness of a ghostly vision. There were no discolorations or colored lines or rays.

Soon after the development of the hemiopia the eyeballs began to ache, and there came a severe pain on the top of the head under each parietal bone, about at the line of attachment to the frontal, having the feeling as if a blow from a hammer or hard object had been received at each spot. He returned to his hotel, took some antibilious pills and went to sleep for two or three hours. On awakening, his vision

and eyes were all right, but there was still some soreness in the top of the head, which passed away by evening.

The next morning honey was again eaten with the bread and coffee, and an attack like that of the previous day came on about the same time, and he was obliged to sleep it off. He now came to the conclusion that it was the honey that had caused the trouble, so on the next day ate none, and there was no return of either visual disturbance or pain. To be certain it was the honey, it was again eaten on the fourth day, and again the same attack occurred at the same lapse of time after the meal. From that time on honey was not tasted, and no trouble took place until one year after he thoughtlessly ate some, and the very same symptoms came on in the usual time.

With this experience in mind no more honey was eaten until two years later, when an attack of the same character and symptoms came on in about the same space of time. Since that time the author has eschewed honey, and has not had another attack or any symptoms resembling it. The last attack was attended with extreme dilatation of the pupils; in all the attacks the right field in both eyes was affected alike, and at no time was any nausea experienced.

In another case the patient appeared to

* DR. PETER E. KEYSER, in the *Ophthalmic Record*.

lose his vision about an hour after breakfast. There was a cloud over everything, and persons seemed to be off at a great distance. The lower part of an object was less visible than the upper. This lasted for about fifteen or twenty minutes, when a severe attack of pain came in the stomach, almost doubling him up. Being at home at the same time, he took some hot water and whiskey, which relieved him in a short while. After a sleep of an hour, he awoke all right with his vision in its normal condition. Upon inquiry it was found that at breakfast he had taken honey on some cakes, and upon this fact being brought to his attention, he remembered that honey had always disagreed with him. There was nothing abnormal in the patient's eyes, and the ophthalmoscope showed a normal fundus.

A second patient, a woman, aged thirty, was brought to the author with a history that about twenty minutes previously a peculiar dimness had come over her. She said that there appeared a point or spot of blindness before each eye, while around the spot nothing was sharp and well defined as usual. The left half of the object was more distinct than the right. The ophthalmoscope showed a perfectly normal fundus. The pupils were somewhat dilated and sluggish in action on stimulation by light. On looking at a card of one meter-sized letters, she could make out the words on the left of the card, while the right was indistinct and with an oval blind spot in the upper and outer part. On examination of the eyes singly, the same field was found. The lady was in perfect health, and could give no reason or cause for the disturbance in vision.

Upon questioning the patient it was ascertained that she had roasted fresh pork and ordinary vegetables for dinner. A brisk saline purge was ordered, and the patient was well the next day. A week later, in order to satisfy the author as to the cause of the previous attack, the patient was induced to eat fresh pork again, which was followed by another similar attack. In a third case similar manifestations were found to have been caused by eating fish.

Keeping these cases in view, it shows the necessity of carefully examining the

diet and digestion of many cases of subjective visual sensations before a diagnosis of brain lesion is thought of. The latter disease is of so much more serious character that great care should be taken before the announcement of such a diagnosis.

Paroxysmal Tachycardia.

Paroxysmal tachycardia in a child of eleven years was discussed by the London Clinical Society on January 8.

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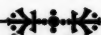


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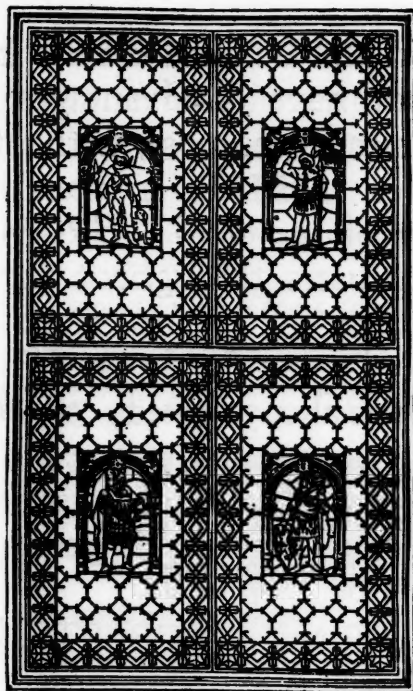
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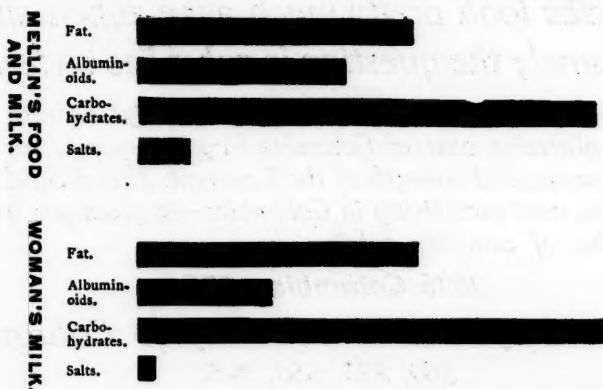
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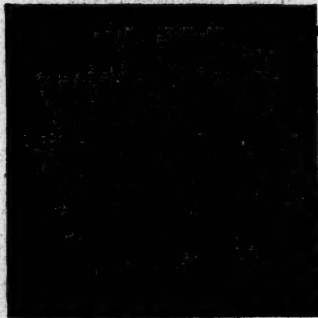
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